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PENRITH RURAL DISTRICT COUNCIL

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**ANNUAL REPORT**

of the


**MEDICAL OFFICER OF HEALTH**

and

**PUBLIC HEALTH INSPECTOR  
AND SURVEYOR**

FOR THE YEAR  
1962





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MANSION HOUSE,  
PENRITH,  
October 1963.

*To the Chairman and Members of the  
Penrith Rural District Council.*

Mr. Chairman, Mrs. Tudor and Gentlemen,

I beg to submit my Annual Report on the health of the community for the year 1962.

The population as given by the Registrar General at mid year 1962 was 11,390, an increase of 80 over the previous year. Unlike many rural areas where population figures have shown a decided downward trend over the past 10-20 years this does not apply to the Penrith Rural District.

The corrected Birth rate was 17.2 per 1,000 of the population, a little down on the rate of 17.6 in 1961 and compares with an England and Wales rate of 18.0.

The corrected Death rate of 12.2 per 1,000 of population compares with a rate of 11.4 in 1961. The figures for England and Wales and the County of Cumberland in 1962 were 11.9 and 12.2 respectively.

There was one maternal death, the first for over 18 years, and indeed this was the only such death in the whole of the County.

The Infantile Mortality rate was 26.3 per 1,000 births, more than double the rate of 10.3 recorded in 1961 and compares with a rate of 21.4 for the Country as a whole.

Infectious disease notifications totalled 89, three less than in 1961. Measles and Food poisoning notifications accounted for most of this total and I have commented more fully within the body of this report on the Food poisoning outbreak which occurred in a Hospital in the district.

No case of Poliomyelitis has occurred in the Penrith Rural District since 1957, but I would point out that two paralytic cases were admitted to hospital from another part of the County. It cannot be too strongly stressed that, given a high level of immunisation, this disease could be eliminated from the Country.

Two sewerage schemes, Armathwaite and Busk, were commenced during the year and plans for five others were initiated.

Details of housing progress are given within the report by Mr. E. A. Burne, Architect and Housing Officer.

I would again express my thanks to the Chairman and Members of the Council for their continued interest and support in all health matters.

I also thank my colleagues at the Mansion House, and especially members of the Health Department for their co-operation and help during the year.

I am, Mrs. Tudor and Gentlemen,

Your obedient Servant,

K. J. THOMSON,

Medical Officer of Health.

## STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area of District (in acres) .. .. .	181,531
Number of Inhabited Houses .. .. .	3,634
Rateable Value .. .. .	£104,905
Sum represented by a Penny Rate .. ..	£410
Registrar General's estimate of the population mid year 1962 .. .. .	11,390

### Population.

The Registrar General's estimate of the population at mid year 1962 was 11,390, being an increase of 80 over the 1961 figure. Over the past 15 years the average population has been 11,480, the highest in this time being 11,610 in 1949.

Agriculture and Dairy farming continue to be the main industries, and it is pleasing to report that unemployment was practically non-existent during the year.

## VITAL STATISTICS.

<b>Births.</b>	Males	Females	Total	Rates
(a) Live Births:—				
Legitimate	79	103	182	
Illegitimate	3	5	8	
	<hr/>	<hr/>	<hr/>	
	82	108	190	
	<hr/>	<hr/>	<hr/>	
Birth Rate per 1,000 of population ..				16.7
Birth Rate corrected by comparability factor .. .. .				17.2
Illegitimate Live Births (percent of total Live Births) .. .. .				4.2%
(b) Still Births:—				
Legitimate	2	2	4	
Illegitimate	—	—	—	
Rate per 1,000 total births (Live and Still) .. .. .				20.6
England and Wales Rate, 1962 ..				18.1



<b>Deaths.</b>	Males	Females	Total	Rates
Deaths at all ages	79	60	139	
Death Rate per 1,000 of population ..				12.2
Corrected Death Rate by comparability factor .. .. .				12.2
Maternal Deaths (in-				
cluding abortions)	—	1	1	
Rate per 1,000 total Live and Still Births .. .. .				5.1
England and Wales Rate .. .. .				0.35
Deaths of Infants under				
one year	3	2	5	
Infantile Mortality Rate per 1,000 Live Births .. .. .				26.3
Neonatal Mortality (Deaths in first month per 1,000 Live Births) ..				10.5
England and Wales Rate .. .. .				15.1
Perinatal Mortality Rate .. .. .				25.8
(Still Births plus Deaths in first week per 1,000 total Live and Still Births)				
Rate for England and Wales .. .. .				30.8

Table showing the Vital Statistics for England and Wales and certain groups in the County of Cumberland for 1962:—

	Birth Rate	Crude Death Rate	Infantile Mortality Rate
England and Wales (Provisional) .. ..	18.0	11.9	21.4
Administrative County of Cumberland ..	18.3	12.2	26.4
Urban Districts of Cumberland (including Boroughs of Workington and Whitehaven)	18.3	12.3	20.4
Rural Districts of Cumberland .. ..	18.3	12.1	30.6
<b>Rural District of Penrith (crude rate)</b> ..	16.7	12.2	26.3
Corrected by Comparability factor .. ..	17.2	12.2	26.3

NOTE.—The corrected rates should be used for comparison with other areas.

### Infantile Mortality.

There were 5 deaths of infants under one year of age—3 boys and 2 girls, giving a rate of 26.3 per 1,000 live births compared with the very low rate of 10.3 in 1961 and an England and Wales rate of 21.4 for 1962.

Both girls died in hospital of birth, one from Premature birth, aged 2 hours, and the other of Congenital heart defect, aged 2 weeks. The 3 boys died at home from (1) Congenital heart defect, aged 1 month; (2) Peritonitis, aged 2 months; and (3) Influenza, aged 7 months.

The Neonatal mortality rate, *i.e.* deaths occurring under 4 weeks of age, totalled 2, giving a rate of 10.5 per 1,000 live births compared with a rate of 15.1 for the Country generally.

The Perinatal rate, *i.e.* still births and deaths under 1 week of age, was 25.8 per 1,000 total live and still births, compared with the general rate of 30.8.

The above two rates, which in the case of the Rural District are quite favourable, are considered valuable indications of

- (a) adequacy of ante natal care,
- (b) adequate number of maternity beds serving the area, and
- (c) accuracy of selection of cases for hospital confinement.

It is on these points and possibly many other unknown factors that the reduction of still births and the prevention of early infant deaths will depend.

#### PENRITH RURAL DISTRICT RATES, 1948-1962.

Year	Population	Death Rate	Birth Rate	Total Infantile Deaths	Infantile Mortality Rate	England & Wales Infantile Mortality Rate
1948	11,550	11.0	17.8	9	43.7	34.0
1949	11,610	11.3	17.4	5	19.8	32.0
1950	11,450	10.0	16.6	2	11.3	29.8
1951	11,500	12.4	16.9	5	27.5	29.6
1952	11,510	10.3	19.3	8	36.0	27.6
1953	11,450	10.1	16.4	6	31.9	26.8
1954	11,490	10.8	15.5	3	17.4	25.5
1955	11,500	12.3	16.2	4	22.3	24.9
1956	11,480	10.5	17.5	6	30.7	23.8
1957	11,500	11.8	15.6	4	22.9	23.0
1958	11,480	11.5	17.7	5	25.4	22.5
1959	11,480	10.9	19.7	Nil	Nil	22.0
1960	11,510	11.2	16.9	5	26.3	21.7
1961	11,310	11.4	17.6	2	10.3	21.4
1962	11,390	12.2	17.2	5	26.3	21.4

### **Maternal Mortality.**

There was **one** maternal death in 1962, the first for over 18 years, giving a rate of 5.1 per 1,000 total live and still births.

This rate of 5.1 compares with the very low rates of 0.35 and 0.24 for England and Wales and the County of Cumberland respectively. I would point out, however, that the one maternal death in the Penrith Rural area, with 194 births, was also the only such death in the whole County with its 4,163 births.

### **Cancer Mortality.**

According to the Registrar General's returns there were 20 Cancer deaths, 11 males and 9 females, equivalent to 14.4% of all deaths and a Cancer death rate of 1.7 per 1,000 of the population. These figures are practically the same as for 1961 and remain below the England and Wales rates of 18.3% and 2.2 respectively for 1962.

Deaths from all forms of Cancer are increasing throughout the country and for the first time exceeded 100,000 in a single year in 1962. Lung cancer deaths accounted for 23% of this total and, as stated in previous reports, such deaths have been increasing at the rate of nearly 1,000 per year, the total for 1962 being 23,779.

In the Rural area of Penrith there were 3 lung cancer deaths—all in males—as compared with one female case in 1961 and 2 males in 1960.

There is no doubt that heavy cigarette smoking is a most important factor in this increase, although it must be admitted that other factors are involved as cases do occur in non-smokers.

During the past year the Ministry of Health and Local Health Authorities have made every endeavour to bring to the public notice the danger of heavy cigarette smoking. Talks have been given in schools and clinics and posters widely circulated in public buildings and offices, but, according to returns made by the Tobacco industry it would seem that these efforts have had little effect in reducing cigarette smoking.



### Cancer Deaths.

Location of Disease	Males	Females
Stomach .. ..	3	1
Tongue and Hard Palate ..	2	—
Bowel .. ..	2	2
Breast .. ..	—	3
Ovarian .. ..	—	2
Lungs and Bronchus ..	3	—
Other Sites .. ..	1	1
	—	—
Totals ..	11	9
	—	—

The average age at death of male cases was 70 years, with an age range of 47 to 87 years, while that of females was  $67\frac{1}{2}$  years, with range of 43 to 93 years.

### Deaths from All Causes.

The total deaths recorded in 1962 was 139, an increase of 10 over the previous year, giving a corrected death rate of 12.2 per 1,000 of population compared with 11.4 in 1961 and a National rate of 11.9 for 1962.

DISEASES OF THE HEART AND CIRCULATORY SYSTEM accounted for 70 deaths, an increase of 15, and equal to 50% of all deaths compared with 42.6% in 1961. This is indeed a very high proportion when contrasted with the England and Wales 1962 figure of 37.3%.

Deaths from heart disease, and particularly from Coronary disease, have increased generally in the past 10 years and in the Rural area of Penrith Coronary deaths amounted to 40 (1962) equivalent to 55% of all forms of heart and circulatory deaths and equal to 28.7% of all deaths in the area. The National percentage for the latter figure was 18 in 1962.

Many factors are no doubt involved in this increase but it would appear that heavy smoking is an important contributory cause as heavy smokers have a much higher death rate from Coronary disease than non-smokers.

VASCULAR LESIONS OF THE NERVOUS SYSTEM, *i.e* Cerebral Haemorrhage and Thrombosis, accounted for 11 deaths (25 in 1961) equal to 7.9% of all deaths, whereas the National rate was 14% in 1962.

CANCER DEATHS, as already indicated totalled 20, representing 14.4% of all deaths which is a little below the 14.7% recorded in 1961 and below the National figure of 18.3%.

DISEASES OF THE RESPIRATORY SYSTEM, excluding Tuberculosis, caused 8 deaths equal to 5.7% of total deaths and nearly double the rate for 1961, but still less than half the England and Wales figure of 13.1%. As stated in a previous report, deaths from lung conditions have remained low in our Rural area for many years past.

MOTOR VEHICLE ACCIDENTS accounted for 4 deaths, one more than in 1961, while the total for all other accidents was 3, being one less than in 1961.

### Causes of Death as given by the Registrar General, 1962.

					Males	Females	Total
1.	Tuberculosis—Respiratory	..	..	..	—	—	—
2.	Tuberculosis—Others	..	..	..	—	—	—
3.	Syphilitic Disease	..	..	..	—	—	—
4.	Diphtheria	..	..	..	—	—	—
5.	Whooping Cough	..	..	..	—	—	—
6.	Meningococcal Infection	..	..	..	—	1	1
7.	Acute Poliomyelitis	..	..	..	—	—	—
8.	Measles	..	..	..	—	—	—
9.	Other Infective and Parasitic Diseases	..	..	..	—	—	—
10.	Malignant Neoplasm—Stomach	..	..	..	3	1	4
11.	Malignant Neoplasm—Lung, Bronchus	..	..	..	3	—	3
12.	Malignant Neoplasm—Breast	..	..	..	—	2	2
13.	Malignant Neoplasm—Uterus	..	..	..	—	—	—
14.	Other Malignant and Lymphatic Neoplasms	..	..	..	5	6	11
15.	Leukaemia, Aleukaemia	..	..	..	—	1	1
16.	Diabetes	..	..	..	—	2	2
17.	Vascular Lesion of the Nervous System	..	..	..	4	7	11
18.	Coronary Disease—Angina	..	..	..	26	14	40
19.	Hypertension with Heart Disease	..	..	..	—	1	1
20.	Other Heart Diseases	..	..	..	15	6	21
21.	Other Circulatory Diseases	..	..	..	5	3	8
22.	Influenza	..	..	..	1	—	1
23.	Pneumonia	..	..	..	2	—	2
24.	Bronchitis	..	..	..	2	2	4
25.	Other Diseases of Respiratory System	..	..	..	2	—	2
26.	Ulcer of Stomach and Duodenum	..	..	..	2	—	2
27.	Gastritis, Enteritis and Diarrhoea	..	..	..	—	1	1
28.	Nephritis and Nephrosis	..	..	..	1	—	1
29.	Hyperplasia of Prostate	..	..	..	—	—	—
30.	Pregnancy, Childbirth, Abortion	..	..	..	—	1	1
31.	Congenital Malformations	..	..	..	1	1	2
32.	Other Defined and Ill-defined Diseases	..	..	..	2	7	9
33.	Motor Vehicle Accidents	..	..	..	3	1	4
34.	All Other Accidents	..	..	..	1	2	3
35.	Suicide	..	..	..	1	1	2
36.	Homicide and Operations of War..	..	..	..	—	—	—
					79	60	139

# Age Group at Death of All Cases, 1962.

Age Group	Under 1 year	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to 79	80 and over	Total
Males	3	2	-	-	-	-	2	-	2	2	2	1	7	6	14	11	10	17	79
Females	2	1	-	-	-	-	1	1	-	2	1	-	4	8	8	6	8	18	60
Total	5	3	-	-	-	-	3	1	2	4	3	1	11	14	22	17	18	35	139

NOTE:—66.2% of total deaths occurred in age groups of 65 years and over.

38.1% of total deaths occurred in age groups of 75 years and over.



## GENERAL PROVISIONS OF HEALTH SERVICES IN THE AREA.

### (i) **Public Health Department Staff.**

K. J. Thomson, M.B., Ch.B., D.P.H., L.M., Part time Medical Officer of Health.

J. A. Sedgwick, A.R.San.I., M.S.I.A., Surveyor and Chief Public Health Officer.

E. A. Burne, M.Ins.R.A., Architect and Housing Officer.

H. Baildon, General Assistant in Health Department.

D. W. Hammersley, General Assistant in Health Department.

Mrs. H. Baildon, Clerk in Public Health and Housing Departments.

### (ii) **Laboratory Services.**

All facilities continue to be provided by the Public Health Laboratory Service at the Cumberland Infirmary, Carlisle.

I would record my thanks to Dr. J. S. Faulds and Dr. D. G. Davies, Consultant Pathologist and Consultant Bacteriologist respectively, and their staffs for their ever ready help and advice.

### (iii) **Ambulance Facilities.**

Since the 1st June 1962, the Ambulance Service, so far as the Penrith and Border areas were concerned, underwent a change, in that the former contractual arrangement with private individuals was replaced by a directly operated service with central bases at Penrith and Carlisle. This covered the ordinary ambulance services and also sitting car cases. In addition all ambulances were fitted with radio control worked through the Penrith centre on a police wavelength. It is hoped that eventually the whole of the County area will be controlled in a similar fashion.

Dr. Leiper, County Medical Officer, has been extremely interested in this change over and it is entirely due to his efforts that these improvements have taken place. I am certain, as a result there has been a greatly increased efficiency in the Ambulance Service in the areas concerned.

### (iv) **Nursing in the Home.**

The County Council as the Local Health Authority provides all the necessary services. There are nine District Nurses who, in the majority of cases, act as Midwives and Health Visitors in their own areas. In addition there are two full time Health Visitors who have duties in both the Rural and Urban districts. There are also 20 Home Helps who perform a very useful function especially in the case of old people or in households where the mother may be temporarily absent in Hospital.



Notification of Infectious Diseases—1962 in Age Groups.

Diseases	Ages														T	AH	D
	-1	1-	2-	3-	4-	5-	10-	15-	20-	25-	35-	45-	55-	65-			
Scarlet Fever ..	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	-
Measles ..	1	3	5	7	5	15	8	-	-	-	-	-	-	-	44	-	-
Dysentery ..	1	-	1	2	-	2	1	-	-	4	-	1	-	-	12	-	-
Food Poisoning ..	-	-	-	-	-	-	-	-	-	-	1	2	3	26	32	-	-
TOTALS ..	2	3	6	9	5	18	9	-	-	4	1	3	3	26	89	-	-

Key:—  
T — Total  
AH — Admitted to Hospital  
D — Deaths

# Notification of Infectious Diseases—1964 to 1962.

1946 1947 1948 1949 1950 1951 1952 1953 1954 1955 1956 1957 1958 1959 1960 1961 1962																			
Scarlet Fever	..	..	5	3	23	18	17	16	21	17	10	6	-	3	2	23	6	11	1
Dysentery Sonne	..	..	8	-	-	1	40	5	-	-	-	18	19	1	-	7	-	8	12
Pueperal Pyrexia	..	..	1	1	-	1	-	1	3	1	-	1	1	-	-	-	-	-	-
Primary or Influenzal Pneumonia			3	5	10	21	16	12	9	17	8	7	25	23	12	5	4	1	-
Erysipelas	..	..	2	1	1	1	2	3	1	1	1	-	3	-	2	-	1	-	-
Meningococcal Meningitis	..	..	-	1	-	-	-	1	3	-	-	1	-	-	1	1	-	-	-
Measles	..	..	4	126	111	50	85	184	18	207	137	161	1	286	-	105	59	71	44
Whooping Cough	..	..	50	22	33	77	87	96	52	10	27	40	14	27	1	5	4	-	-
Acute Poliomyelitis	..	..	1	5	2	4	-	1	1	2	-	-	-	8	-	-	-	-	-
Food Poisoning	..	..	-	-	-	-	-	-	-	-	-	-	8	1	-	6	-	1	32
Paratyphoid Fever	..	..	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
Diphtheria	..	..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TOTALS ..

74 164 180 173 247 319 108 255 183 234 71 349 18 153 74 92 89

## PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASE.

Notifications of Infectious Diseases totalled 89 as compared with 92 in 1961 and 74 in 1960.

### Measles.

A total of 44 cases was notified, compared with 71 in 1961. No case was seriously ill, and, so far as I am aware, no case was admitted to hospital.

As has been pointed out in previous reports, Measles epidemics tend to occur every second year although this is not very strongly supported in the case of the Rural District when one studies the table giving the Measles figures from 1946 to 1962. There is, however, a slight trend and so far as the Country as a whole is concerned there is no doubt that epidemics occur every second year, *e.g.* the total Measles notifications for England and Wales for the years 1958 to 1962 are as follows:—

1958	..	..	259,308
1959	..	..	538,447
1960	..	..	159,315
1961	..	..	763,465
1962	..	..	184,757

Judging from above figures therefore, one would expect 1963 to be an epidemic year and this has been borne out by notifications already received in the Rural District and in the Country. It is interesting to note the possibility of the introduction of an Anti-Measles Vaccine, comparable with that for Whooping Cough and Poliomyelitis. Measles can be a serious disease especially in delicate children and therefore a vaccine, which could be given to such cases, would be welcome.

### Scarlet Fever.

Only one case was notified, compared with 11 in 1961. It is possible that other cases did occur but, being of a very mild nature, no doctor was called in.

Apart from definite notifications of Scarlet Fever received from local practitioners, Dr. Davies, Bacteriologist at Cumberland Infirmary, Carlisle, sends me copies of all throat

swabs proved positive to the presence of the Haemolytic Streptococcal organism. This is the organism which causes either Scarlet Fever (*i.e.* a sore throat with associated scarlet rash) or simply a Tonsillitis (*i.e.* a sore throat without rash). Both are infectious and I have made it a routine procedure to follow up such cases, particularly those of school children or food handlers who are excluded from school or work until negative swabs are obtained.

### **Dysentery.**

Twelve cases were notified, all being due to the Sonne type organism which is the common type in this country. The first case occurred in a child attending Penruddock School in April, and, within a month, three families in this area were affected. A very intensive follow up of cases was carried out, including visits to contacts and to the schools in the area. Talks were given in schools to individual classes on personal hygiene, etc., and any child with suspicious symptoms was specially investigated. As Penruddock School was in the centre of this small outbreak, the routine procedure of the issue of paper towels and Roccal Solution was initiated and this was maintained until the end of May. Eight cases were notified from the three families, including two parents of infected children. During May, two further cases were notified, both in adults, from districts away from Penruddock, though in one case there was possible contact with a known case.

Finally in July, two cases were notified from Greystoke but investigation showed that they had been infected when on holiday outside Cumberland.

Sonne Dysentery, as pointed out in last year's report, is an endemic disease in this country and can spread very quickly in closed communities as in Homes and Schools. Undoubtedly many cases of diarrhoea are due to this infection, but owing to the mildness and short duration of the illness, no samples of stools are sent in for bacteriological examination. It must be clearly understood that only by such examination can the diagnosis be confirmed.

### **Food Poisoning.**

One single outbreak accounted for 32 notifications being received in 1962, compared with one case in 1961.



The outbreak, of an “explosive” nature, occurred in a chronic type Hospital where most of the patients were elderly, indeed 24 of the cases were over 70 years of age. No case, fortunately, was seriously ill and all were clear of symptoms within 24 hours. Investigation showed that a meat and vegetable pie, prepared and cooked in the hospital kitchen by the usual staff, was the cause of the outbreak, the causal organism being *Clostridium welchii*. This organism was recovered from a sample of the pie and from the stools of affected patients. Included in the 32 notified cases were seven members of the staff, five of them working in the kitchen. Swabs, taken from raw meat left in the cold room, kitchen equipment, and from various parts of the kitchen premises, were all negative. It is known that meat can harbour the organism but in view of the heavy infection in the kitchen staff, it is highly probable that the pie was infected from a human carrier, but of course this was difficult to prove. So far as actual treatment of the ‘carrier’ state in the human is concerned, there is none, but obviously such a person should not be employed in food handling if known to be infected. Unfortunately this is not always possible and the one answer is that everyone, especially food handlers, must maintain a 100% personal hygiene at all times. In addition it is important that the cook is aware of the dangers of under-cooking large joints, rolled, boned or stuffed meat. It is safer to limit the size of joints to 6 lbs. or cut larger joints into smaller pieces before cooking. Thorough sterilisation of all equipment and chopping boards in contact with raw meat, is also essential.

### **Whooping Cough.**

No case has been notified for the past two years. In recent years babies have been vaccinated with Triple Vaccine, which protects against Whooping Cough, Diphtheria and Tetanus in increasing numbers. During 1962 primary vaccination was given to 159 babies and 18 young children received a “booster” injection.

### **Diphtheria.**

It is now 18 years since the last case of Diphtheria was notified in the District and 19 years since a death was recorded from this disease. Equally impressive are the England and Wales figures for 1962 when only 19 cases were notified with

2 deaths. It will be noted in the table below that in 1946 notifications amounted to 11,986 with 472 deaths. This satisfactory result is due to the continued immunisation of children in infancy and during school life and it is important that a high level of immunity must always be maintained to ensure continued freedom from the disease.

During the year the following number of children were immunised in the Rural area:—

Primary Immunisation (all ages)	..	186
Booster Injections	.. .. .	492

These figures are a welcome increase over the 1961 numbers.

#### DIPHTHERIA NOTIFICATIONS AND DEATHS, 1946-1962.

Year	ENGLAND & WALES		PENRITH RURAL DISTRICT	
	Notifications	Deaths	Notifications	Deaths
1946	11,986	472	—	—
1947	5,609	244	—	—
1948	3,375	156	—	—
1949	1,890	84	—	—
1950	962	49	—	—
1951	664	33	—	—
1952	376	32	—	—
1953	266	23	—	—
1954	173	9	—	—
1955	155	13	—	—
1956	51	8	—	—
1957	37	6	—	—
1958	79	8	—	—
1959	102	—	—	—
1960	53	5	—	—
1961	52	9	—	—
1962	19	2	—	—

#### Poliomyelitis.

No case has occurred in the Rural area since 1957 but two paralytic cases were notified elsewhere in the County during 1962.

Total notifications in England and Wales amounted to 271 verified cases, 121 being paralytic and 59 non-paralytic, with 12 deaths giving a mortality rate of 4.4%. These figures are the lowest ever recorded since notification began in 1912,

with the single exception of the year 1918, and undoubtedly proves the success of the Vaccination campaign so vigorously pursued over the past number of years.

An important step forward in the fight against Poliomyelitis was the introduction early in 1962 of the Sabin oral vaccine whereby treatment was carried out by giving 3 drops of vaccine on a piece of sugar or spoon at intervals of one month for three doses. A fourth dose (Sabin) was also given to those children, between ages 5-12 years, who had already received three injections of Salk vaccine, as additional protection.

It will be noted from the appropriate table that nearly 4,800 children and adults have been protected against Polio since vaccination began.

The Ministry of Health published a list of immunisation and vaccination statistics for 1962 in respect of local health Authorities in England and Wales, and it is interesting to report that in Cumberland (L.H.A. Area) 88% of children and young adults up to the age of 20 years have been immunised with Salk or oral Vaccine. This is satisfactory but is still not sufficient as I would point out that several health authorities had a vaccination rate of 95%. The aim should be 100% vaccination, as thereby elimination of the disease would be possible.

# Poliomyelitis Vaccinations—Year 1962.

Year of Birth	1962	1961	1960	1959	1958	1957	1956	1955	1954	1953	1952	1951	1950	1949	1948	1947	1946	1945	1944	1933 to 1943	1920 to 1932	Others	Total
Had 2 Injections	6	60	37	15	—	20	2	9	15	17	6	5	9	4	10	6	3	2	6	178	50	2	462
Had 3 Injections	16	95	141	171	149	142	60	27	17	23	25	22	31	90	154	161	127	113	144	895	563	73	3239
Had 4 Injections	—	—	—	3	3	15	123	139	142	153	172	123	143	73	—	—	—	—	—	—	—	—	1089
TOTAL	22	155	178	189	152	177	185	175	174	193	203	150	183	167	164	167	130	115	150	1073	613	75	4790



## Smallpox.

No case or known contact occurred in the district during the year. It may be recollected that Smallpox was introduced into this country from Pakistan in December 1961, and there were 5 separate outbreaks between this date and April 1962, resulting in 62 British cases with 24 deaths.

As the spread of infection was a possibility I took the precaution of offering vaccination to members of the Health Staff and others who might be at risk. This was on an entirely voluntary basis and I am glad to say the response was 100%. All nurses and ambulance personnel working in the Rural area employed by the County Health Authority were also vaccinated at the request of Dr. Leiper, County Medical Officer of Health.

The Ministry of Health issued a report on Smallpox vaccination during the year and recommended that primary vaccination should be carried out in the second year of life, as it is now realised that primary vaccination earlier and in adult life may cause serious or even fatal complications.

It must be realised that the importation of Smallpox is now a much greater possibility in view of rapid aerial transport, whereby infected persons can enter this Country within less than 24 hours of leaving an infected area. I would, therefore, stress the importance of primary vaccination given in the second year of life.

### VACCINATION AGAINST SMALLPOX, 1962.

Age at Vaccination	-1	1	2-4	5-14	Over 15	Total
Primary . . . . .	107	7	20	23	10	167
Re-vaccination . .	—	1	2	21	15	39

## Tetanus Immunisation.

Immunisation with Tetanus Toxoid was first offered to children in 1961, and during 1962 a total of 530 primary and 58 booster injections were given.

## TUBERCULOSIS.

The following table gives particulars of new cases added to the Register and of deaths from Tuberculosis during 1962:—

AGE	NEW CASES				DEATHS			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
1—4 years ..	—	—	—	—	—	—	—	—
5—14 years ..	—	—	—	—	—	—	—	—
15—24 years ..	—	1	—	—	—	—	—	—
25—34 years ..	1	1	—	—	—	—	—	—
35—44 years ..	—	—	—	—	—	—	—	—
45—54 years ..	—	—	—	—	—	—	—	—
55—64 .. ..	—	—	—	—	—	—	—	—
65 and upwards	—	—	—	—	1	—	—	—
TOTALS ..	1	2	—	—	1	—	—	—

Of the three patients added to the Register one was an inward transfer case, *i.e.* a case previously notified elsewhere but who had moved into the area during the year.

Twenty-five cases were removed from the Register for the following reasons:—

Died .. ..	1
Left District .. ..	8
Recovered .. ..	16

According to the Registrar General's Returns there was no death from Tuberculosis but it will be noted that I have recorded one Male Respiratory death in 1962.

The following table gives the number of cases on the Register at 31st December 1962:—

	Males	Females	Total
Pulmonary .. ..	11	14	25
Non-Pulmonary ..	2	1	3
	—	—	—
	13	15	28
	—	—	—

## Prevention of Tuberculosis.

### (a) MASS RADIOGRAPHY UNIT.

The Mobile Radiography Unit paid its annual visit to the district visiting Lazonby, Langwathby, Greystoke and Penrith in the early part of the year. The work done by this very important Unit under the direction of Dr. W. H. Morison, Consultant Chest Physician for the Eastern area of Cumberland, is shown in the table following. It will be noted that one new active case was discovered and 94 other abnormalities brought to light although by no means all required treatment.

I would again stress the importance of the yearly visit of the Unit and strongly advise all persons over the age of 16 years to attend for chest X-ray.

#### MASS RADIOGRAPHY UNIT—SUMMARY OF FINDINGS, 1962.

			Total Number X-Rayed	New Active Cases	Inactive Cases	Other Abnormalities
Lazonby ..	..	150	—	1	7	
Langwathby ..	..	82	—	1	4	
Greystoke ..	..	71	—	—	3	
Penrith ..	..	1,796	1	11	80	
Total ..	..	2,099	1	13	94	

### (b) B.C.G. VACCINATION.

The offer of B.C.G. Vaccination to the 13-14 year old group in schools was continued and the first table shows the total number of children who were Mantoux tested and given B.C.G. Vaccine in the East Cumberland area in 1962. Separate figures for children living in the Rural district have not been available since 1961, the year children aged 11-12 years were transferred to schools in the Urban area. The second table is worthy of study as it shows how the Mantoux positive reactors have fallen from 24.4% in 1957 to 11% in 1962.

# Results of Mantoux Testing and B.C.G. Vaccination in East Cumberland to 31/12/62 of Children born in 1948.

Children born 1948 and attending Schools in	No. on Roll	No. of consents for Treatment	No. of Children				No. referred to Chest Clinic for large film and found to be			
			Mantoux Tested	Absent	Found Negative	Given B.C.G. Vaccination	Found Positive %	Satisfactory	Unsatisfactory	Already known cases
Alston R.D.C.	..	38	26	4	22	22	4	15.4	4	-
Border R.D.C.	..	464	354	39	321	321	33	9.3	33	3
Wigton R.D.C.	..	389	245	47	217	217	28	10(11.4) †	28	1
Keswick U.D.C.	..	112	79	32	68	68	11	14.0	11	-
Penrith U.D.C.	..	292	230	40	203	203	27	11.7	27	-
Totals	..	1295	934	162	831	831	103	12.1	103	4

\* Includes children from Penrith Rural Area.

† Children living in the Penrith R.D. have moved into schools in the Penrith U.D.



DISTRICT	Children born 1948			Children born 1947			Children born 1946			Children born 1945			Children born 1944			Children born 1943		
	No.	%	Pos.	No.	%	Pos.	No.	%	Pos.	No.	%	Pos.	No.	%	Pos.	No.	%	Pos.
	Tested	No.	Pos.	Tested	No.	Pos.	Tested	No.	Pos.	Tested	No.	Pos.	Tested	No.	Pos.	Tested	No.	Pos.
Alston	26	4	15.4	22	2	9.1	36	5	34.0	27	10	37.0	39	6	15.4	32	19	59.4
Border	354	33	9.3	369	33	8.9	265	35	13.2	231	31	18.1	267	38	12.8	230	49	21.8
Keswick	79	11	14.0	118	29	24.6	83	19	22.9	78	17	21.8	92	19	20.7	99	28	28.3
Penrith R.D.	*—	*—	*—	*—	*—	*—	43	7	16.3	69	8	11.6	66	16	24.2	62	10	16.1
Penrith U.D.	230	27	11.7	233	32	13.7	176	25	14.2	143	23	16.1	135	20	14.8	134	30	22.4
Wigton	245	28	11.4	274	28	10.2	281	20	8.7	278	39	14.0	288	52	18.1	283	69	25.3
TOTAL																		
East Cumb.	934	103	11.0	1016	124	12.2	834	111	13.3	832	128	15.4	887	151	17.0	840	205	24.4

\* Children living in the Penrith R.D. who would have moved into Schools in the Penrith U.D.

## NATIONAL ASSISTANCE ACT, 1948 AND 1951.

One case was admitted to hospital under powers conferred on the M.O.H. by above Act. An old man of over 80 years, in urgent need of medical care in hospital, refused the advice of his own doctor and a Magistrate's Order, confirmed later by the Court was obtained. I am glad to say that on the day of removal and admission the patient caused no trouble and remained in hospital until he died seven months later.

## SANITARY CIRCUMSTANCES OF THE AREA.

I am very grateful to Mr. C. Wilding, Public Health Inspector, for the following report. He has compiled it from official records made by his predecessor and it is consequently shorter and less detailed than usual.

Sir,

I have pleasure in presenting the following Annual Report for 1962. As I was not in the employment of this Council during 1962 the report is based on existing office records.

### Water Supplies.

Full details of all the sources of supply in the area have been given in previous reports and it would appear unnecessary to repeat these.

During the year, the supply of water at Ousby and Skirwith, which had been inadequate, was successfully augmented by replacing the existing 1½" pipe by a length of 3" main (1,937 yards) and providing an additional storage tank of 12,000 gallons capacity.

A larger storage tank of 6,000 gallons capacity was built at The Hause, Mell Fell, in an attempt to overcome the shortage in the Watermillock area.

To improve supplies in the Hesket area, the existing main from Ruckcroft reservoir was duplicated as far as Hazel Cottage, Armathwaite, by laying 5,500 yards of 6" diameter pipe.

The major part of the area is now well served by Council water supplies although during times of heavy demand the supply in some areas proves intermittent. From the following table it will be seen that the majority of houses in the area

are connected to the Council mains and practically all other properties have the benefit of private piped supplies.

Parish	Population	No. of Inhab- ited Houses	No. of Houses Supplied Direct from Public Main	Popula- tion Supplied	No. of Agricul- tural Meters Fixed
Ainstable ..	456	144	133	424	31
Castlesowerby ..	346	105	98	325	57
Catterlen ..	335	106	98	311	15
Culgaith ..	642	221	214	621	27
Dacre ..	1002	327	316	969	56
Glassonby ..	302	95	90	287	24
Great Salkeld..	356	115	100	305	19
Greystoke ..	521	174	167	500	20
Hesket. . .	2021	622	561	1838	142
Hunsonby ..	398	130	130	398	23
Hutton ..	305	101	98	296	24
Kirkoswald ..	752	243	194	605	30
Langwathby ..	608	187	179	584	23
Lazonby ..	659	208	197	626	25
Matterdale ..	535	188	108	296	24
Mungrisdale ..	301	103	53	241	34
Ousby ..	325	115	111	313	20
Skelton ..	959	278	274	947	99
Threlkeld ..	567	174	149	492	—
<b>TOTAL ..</b>	<b>11390</b>	<b>3636</b>	<b>3300</b>	<b>10378</b>	<b>693</b>

### Sampling.

Samples of water are regularly taken from all sources of supply and sent to the Public Health Laboratory at Carlisle for examination. It will be seen from the results tabulated hereunder that a large number of samples taken proved unsatisfactory. This is a disturbing feature and consideration will have to be given to chlorination of all supplies.

YEAR 1962.

## PENRITH RURAL DISTRICT COUNCIL.

Number of Chemical  
Samples taken: NilNumber of Bacteriological  
Samples taken: 42

Date		Supply				Bac. Report
13/3/62	..	Mungrisdale	..	..	..	Excellent
13/3/62	..	Threlkeld	..	..	..	Excellent
13/3/62	..	Dowthwaite Head, Troutbeck				Unsatisfactory
19/3/62	..	Dowthwaite Head, Skelton	..			Excellent
27/3/72	..	Ainstable	..	..	..	Excellent
27/3/62	..	Dacre Tank	..	..	..	Excellent
27/3/62	..	Lazonby	..	..	..	Excellent
10/4/62	..	Dacre Tank	..	..	..	Unsatisfactory
10/4/62	..	Gamblesby	..	..	..	Unsatisfactory
10/4/62	..	Culgaith	..	..	..	Unsatisfactory
17/4/62	..	Renwick	..	..	..	Excellent
17/4/62	..	Croglin	..	..	..	Excellent
17/4/62	..	Newbiggin (Croglin)	..	..	..	Excellent
24/4/62	..	Edenhall..	..	..	..	Excellent
24/4/62	..	Kirkoswald	..	..	..	Excellent
24/4/62	..	High Hesket (Dale Springs)	..			Excellent
1/5/62	..	Skirwith	..	..	..	Excellent
1/5/62	..	Ousby	..	..	..	Excellent
1/5/62	..	Kirkland	..	..	..	Unsatisfactory
8/5/62	..	Dowthwaite Head, Troutbeck				Unsatisfactory
8/5/62	..	Culgaith	..	..	..	Unsatisfactory
8/5/62	..	Gamblesby	..	..	..	Excellent
15/5/62	..	Dowthwaite Head, Lamonby	..			Excellent
15/5/62	..	Dacre Tank	..	..	..	Satisfactory
3/7/62	..	Threlkeld	..	..	..	Excellent
3/7/62	..	Mungrisdale	..	..	..	Unsatisfactory
3/7/62	..	Dowthwaite Head, Troutbeck				Unsatisfactory
10/7/62	..	Renwick	..	..	..	Excellent
10/7/62	..	Newbiggin (Croglin)	..	..	..	Unsatisfactory
10/7/62	..	Croglin	..	..	..	Excellent
17/7/62	..	Kirkoswald	..	..	..	Unsatisfactory
17/7/62	..	High Hesket (Dale Springs)	..			Unsatisfactory
17/7/62	..	Ainstable	..	..	..	Excellent
24/7/62	..	Culgaith	..	..	..	Unsatisfactory
24/7/62	..	Edenhall..	..	..	..	Unsatisfactory
24/7/62	..	Skirwith	..	..	..	Excellent
31/7/62	..	Gamblesby	..	..	..	Unsatisfactory
31/7/62	..	Ousby	..	..	..	Excellent
31/7/62	..	Kirkland	..	..	..	Unsatisfactory
7/8/62	..	Lazonby	..	..	..	Unsatisfactory
7/8/62	..	Kirkoswald	..	..	..	Excellent
7/8/62	..	Dacre Tank	..	..	..	Unsatisfactory

42 Bacteriological Samples Taken

24 Satisfactory—57%

18 Unsatisfactory—43%



## Sewerage.

During the year work commenced on the sewerage scheme at Armathwaite and also on the one for the small village of Busk. Plans are in preparation for schemes at Kirkoswald, Lazonby, Stainton, Newbiggin and Skirwith.

## Refuse Collection.

A fortnightly collection is made throughout the area, and considering the scattered nature of the district the scheme works very satisfactorily and at low cost.

One vehicle and three men are employed on this work and at holiday times an additional vehicle is brought into use to ensure that a full collection is maintained. A fortnightly collection, however, cannot be regarded as entirely satisfactory particularly during the summer months.

Refuse tips are situated at Culgaith, Lowthian Ghyll (Low Hesket), Coombs Wood (Armathwaite), Ellonby and Threlkeld. These are regularly inspected and treated to keep down rodent infestation.

## Factories Act.

There are thirty-five Factories registered in the area, and all these are inspected from time to time to ensure compliance with the Regulations.

### FACTORIES ACT, 1937.

#### PART 1 OF THE ACT.

#### 1. Inspection for Purposes of Provisions as to Health (including Inspections made by Public Health Inspectors).

Premises	Number on Register	Number of		
		Inspect- ions	Written Notices	Occupiers Prosecuted
(i) Factories in which sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities .. ..	—	—	—	—
(ii) Factories not included in (i) in which Section 7 is to be enforced by the Local Authority ..	35	49	—	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding Outworkers' Premises .. ..	—	—	—	—
TOTALS ..	35	49	—	—

## 2. Cases in which Defects were Found.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred to H.M. Inspector	by H.M. Inspector	
Want of Cleanliness (S.1) ..	—	—	—	—	—
Overcrowding (S.2) .. ..	—	—	—	—	—
Unreasonable Temperature (S.3) .. ..	—	—	—	—	—
Inadequate Ventilation (S.4)	—	—	—	—	—
Ineffective Drainage of Floors (S.6) .. ..	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient .. ..	—	—	—	—	—
(b) Unsuitable or defective	—	—	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other Offences against the Act (not including Offences relating to Outwork) ..	—	—	—	—	—
TOTALS ..	—	—	—	—	—

### Food and Drugs Act, 1955.

Regular inspections are made of all food premises in the area and advice is given to all food handlers in order to maintain a satisfactory standard of hygiene and to ensure that the Food Hygiene Regulations are complied with.

The following foodstuffs have been condemned as unfit for human consumption:—

- 5 A.2½ tins All Star Peaches
- 2 12 oz. tins Fray Bentos Corned Beef
- 2 7 oz. tins Fray Bentos Corned Beef
- 16 No. 1 tall tins Crosse & Blackwell Cream of Mushroom Soup
- 2 A.1 tins Marrowfat Peas
- 4 No. 1 tall tins Evaporated Milk
- 11 A.2 tins Waverley Garden Peas

- 3 A.2 tins Trout Hall Grapefruit
- 4 1 lb. 4 oz. tins Pineapple
- 1 A.2 tin Rhubarb
- 3 No. 1 tall tins Strawberry
- 7 No. 1 tall tins Sliced Beetroot
- 5 Small tins Condensed Full Cream Milk
- 1 A.2 tin Damsons
- 5 No. 1 tall tins Peas
- 5 12 oz. tins Minced Beef Loaf
- 4 No. 1 tall Cream of Chicken Soup
- 3 12 oz. tins Pineapple
- 3 A.1. tins Carrots
- 3 No.1 tall tins Fruit Saladz
- 4 tins Lokreel Peaches (303)
- 1 No. 2 tall tin Valbrook Steak (W.O.D.)
- 2  $4\frac{3}{8}$  oz. tins C.W.S. Sardines
- 1  $7\frac{1}{2}$  oz. tin John West Salmon
- 10 A.2 $\frac{1}{2}$  tins Wheatsheaf Peaches
- 6 A.2 $\frac{1}{2}$  tins Wheatsheaf Pears
- 4 No. 1 tall tins Wheatsheaf Peaches
- 5 No. 1 tall tins Wheatsheaf Pears
- 12 8 oz. tins Glenryck Pilchards
- 5 No. 1 tall tins Wheatsheaf Rice Pudding
- 4 12 oz. tins Wheatsheaf Minced Beef Loaf
- 8 No. 1 tall tins Peas
- 1  $10\frac{1}{2}$  oz. tins Trout Hall Grape Fruit
- 49 lbs. Meat condemned from Slaughterhouse

## Slaughterhouses.

There are six licensed slaughterhouses in the area, two of which are in regular use.

Two of the slaughterhouses have been brought to the standard to comply with the Slaughterhouse (Hygiene) Regulations, 1958, and the Slaughter of Animals (Prevention of Cruelty) Regulations, 1958, and it is not expected that licences will be applied for on behalf of the other four premises in the coming year. The appointed day when slaughterhouses should comply with the above regulations is the 1st January 1963.

The quality of meat killed in the area is very high, but 100% meat inspection has not been achieved due to shortage of qualified staff.

During the year the following animals were slaughtered and meat inspections involved 208 visits.

Particulars	Cattle except Cows	Cows	Sheep and Lambs	Pigs	Calves	Horses
Number killed .. .. .	280	10	840	165	2	Nil
<b>All Diseases other than T.B.</b>						
Whole carcasses condemned	—	—	1	—	—	Nil
Carcasses of which some part or organ was condemned ..	20	3	49	4	—	Nil
Percentage of the number killed affected with disease other than Tuberculosis ..	7.2	30.0	6.0	2.4	—	Nil
<b>Tuberculosis</b>						
Whole carcasses condemned	—	—	—	—	—	Nil
Carcasses of which some part or organ was affected ..	—	—	—	3	—	Nil
Percentage of the number killed affected with T.B. ..	—	—	—	1.8	—	Nil
Cysticercus bovis .. .. .	—	—	—	—	—	Nil

## Ice Cream.

There is only one producer of ice cream in the area, whose premises are regularly inspected and samples of ice cream taken.

In addition samples of various pre-packed proprietary brands have been taken from shops in the area.



## SANITARY INSPECTIONS OF THE AREA.

### Summary of Inspections Made.

Workshops	..	..	..	..	..	..	55
Petrol Stores	..	..	..	..	..	..	90
Carbide Stores	..	..	..	..	..	..	3
Works in progress..	..	..	..	..	..	..	305
New Buildings	..	..	..	..	..	..	292
General Inspections	..	..	..	..	..	..	570
Inspections <i>re</i> complaints received			..	..	..	..	89
Inspections under Housing Acts..			..	..	..	..	420
Inspections of Schools	..	..	..	..	..	..	30
Slaughterhouses	..	..	..	..	..	..	208

### Works Carried Out.

Premises cleansed	..	..	..	..	..	..	Nil
Roofs repaired	..	..	..	..	..	..	24
New Spouting fixed	..	..	..	..	..	..	21
Air Drains fixed	..	..	..	..	..	..	9
Floor relaid, etc.	..	..	..	..	..	..	45
Walls repaired	..	..	..	..	..	..	35
Scullery Sinks trapped	..	..	..	..	..	..	19
Water Closets constructed	..	..	..	..	..	..	52
Sewers and Drains extended	..	..	..	..	..	..	98
New Septic Tanks built	..	..	..	..	..	..	52
Water Supplies carried to houses	..	..	..	..	..	..	12
New Baths fixed	..	..	..	..	..	..	81
New Houses completed	..	..	..	..	..	..	43
Houses altered or repaired	..	..	..	..	..	..	62
New Windows fixed	..	..	..	..	..	..	53
New Ceilings put up or repaired	..	..	..	..	..	..	32
New Sinks fitted to houses	..	..	..	..	..	..	29
Obstructed Drains cleansed	..	..	..	..	..	..	41
Drains tested	..	..	..	..	..	..	125

Yours faithfully,

C. WILDING,

Public Health Inspector.

I am indebted to Mr. E. A. Burne, Architect and Housing Officer, for the following report on housing matters:—

To the Medical Officer of Health.

Sir,

I submit the following short report on housing matters for the year 1962:—

The Council during the year have built four houses at Skelton (two three-bedroom and two two-bedroomed type) and four houses at Langwathby (three-bedroomed type). A block of six Old People's houses (one-bedroomed type) were built on the Council's own land at Lazonby. Further sites have been selected at Langwathby, Glassonby and Threlkeld.

The total number of Council Houses now occupied in the Rural District up to the end of 1962 is as follows:—

Aikbank	..	..	4	Lazonby (Eden Square)	7
Ainstable	..	..	8	Lazonby (Old People's)	6
Aldby	..	..	2	Little Salkeld	16
Armathwaite	..	..	8	Low Braithwaite	2
Blencarn	..	..	4	Low Hesket	12
Blencowe	..	..	4	Low Plains	4
Calthwaite	..	..	11	Mellguards	2
Catterlen	..	..	8	Melmerby	6
Clickhem	..	..	4	Mungrisdale	2
Culgaith	..	..	22	Newbiggin	16
Dacre	..	..	4	Newton Reigny	4
Dockray	..	..	2	Ousby	6
Edenhall	..	..	4	Pallet Hill	2
Gamblesby	..	..	4	Penruddock	6
Glassonby	..	..	4	Plumpton	15
Great Salkeld	..	..	4	Renwick	4
Greystoke	..	..	22	Salkeld Dykes	4
Greystoke (Old People's)	..	..	4	Skelton	10
Howes	..	..	2	Skirwith	8
Hunsonby	..	..	19	Southwaite	2
Hutton End	..	..	4	Sowerby Row	2
Ivegill	..	..	4	Stainton	22
Kirkland	..	..	2	Thiefside	4
Kirkoswald	..	..	28	Threlkeld	39
Langwathby	..	..	22	Wordsley House,	
Lazonby	..	..	26	Kirkoswald (Flats)	2
				TOTAL	433

Private building in the Rural District has shown a slight increase during the year. A total of 28 houses in the previous year as against 29 houses in the current year and a further 18 houses are under construction, bringing the total completed post war houses to 203.

### **Housing (Financial Provisions) Act, 1958.**

Five applications were received for the erection of seven houses for agricultural workers under the above Act. Grants were approved for four houses. The remaining three applications were not proceeded with. The grant is for housing agricultural workers whereby the applicant is entitled to a grant of £10 p.a. for 40 years.

### **Housing (Financial Provisions) Act, 1958.**

#### **DISCRETIONARY IMPROVEMENT GRANTS.**

Under this Act the Council can make a grant of 50% up to a maximum of £400 towards the cost of improving dwelling houses. The number of applications received was 33. All houses were inspected and technical advice given on the proposed improvements.

Since the Act came into force a total of 287 applications involving improvements to dwellings have been dealt with by the Council, 24 of which were either disapproved or cancelled, and at the end of the year 216 schemes had been satisfactorily completed, providing 260 Grade 1 houses.

### **House Purchase and Housing Act, 1959.**

#### **STANDARD IMPROVEMENT GRANTS.**

This Act came into force during the year 1959 whereby owners and owner-occupiers can do certain works without the necessity of bringing the property up to the standard required under the Discretionary Improvement Grant. The Council must, providing a house is structurally sound and will give satisfactory accommodation for at least 15 years, make the grants amounting to 50% of the actual cost of the work with a maximum as follows:—

Bath	..	..	..	..	£25
Wash-hand Basin	..	..	..	..	£5
Hot Water Supply	..	..	..	..	£75
W.C.	..	..	..	..	£40
Food Store	..	..	..	..	£10

Thus a total of £155 can be paid to any applicant whose property lacks these 5 amenities. Since this Act came into operation the Council have received a total of 117 applications; 24 of these are for the current year and 83 schemes have been satisfactorily completed.

A number of people in the Rural District have taken advantage of both the Discretionary and Standard Improvement Grants. All properties were carefully inspected and technical advice given on both planning and building construction and how far the Act can be implemented in each application. Numerous enquiries have been dealt with, some of which have not gone forward for the grant either because the property could not be brought up to standard at a reasonable expense or not up to the standard to qualify for a grant.

Yours faithfully,

E. A. BURNE,

Architect and Housing Officer.









